

59th Medical Wing



59 MDW Gastroenterology Product Line Analysis Clinic Response

Information Brief

Briefer: Lt Col Kevin
Franklin

Date: 25 October 2004

Integrity - Service - Excellence

Overview

- 59 MDW/CC Follow-up Issues
 - From Step 1 Brief
- Basic CAMO Rules
 - Initial Clinic Business Rules
- Current/Future Problem Areas
- Support Requirements from 59 MDW/SA-MM

Follow-up from Step 1 Brief

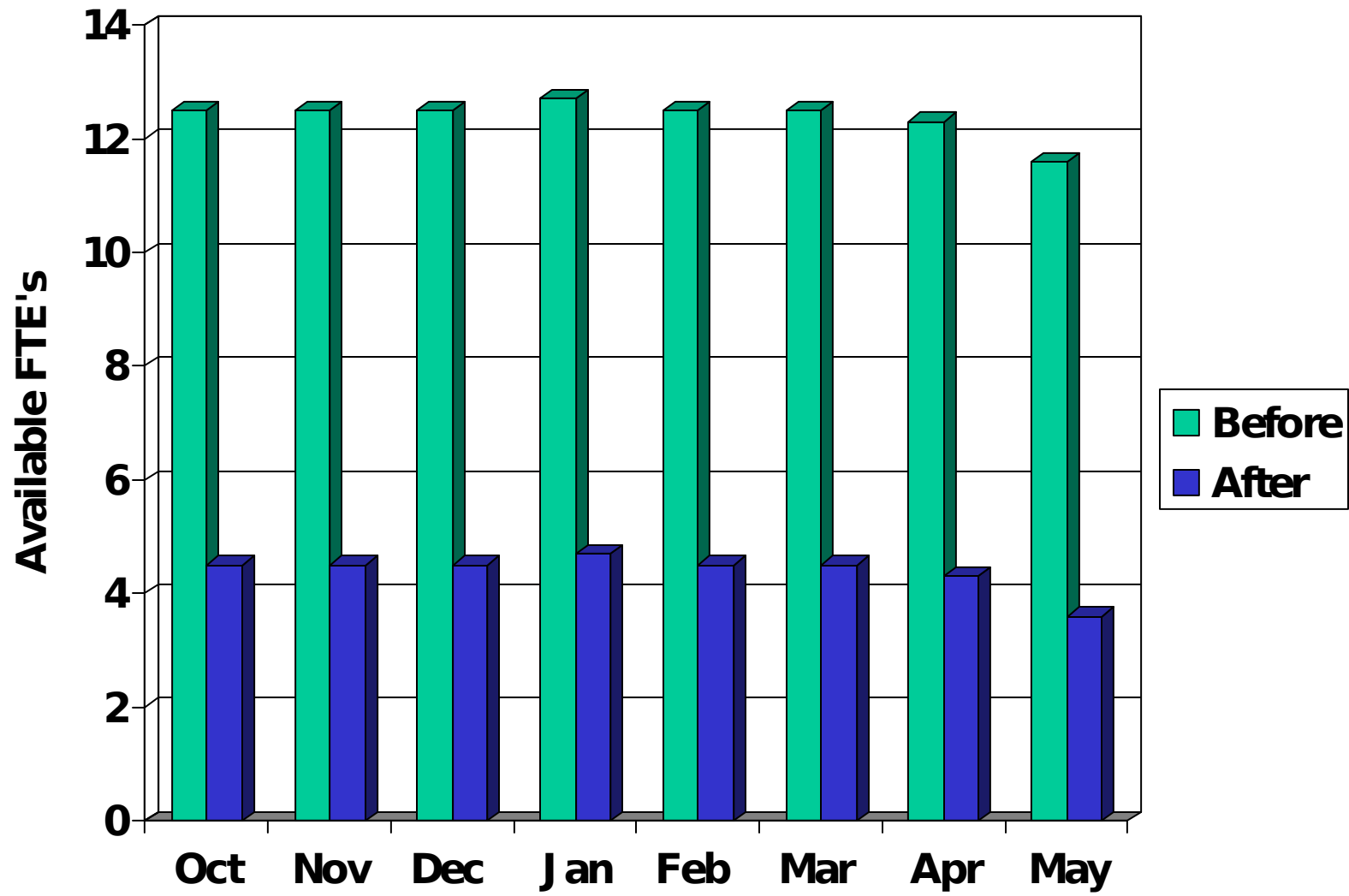
- MAPPG06 increased your physician staffing but decreased your support staffing by 1. Can the remaining staff support +1 physician staffing?
- Answer:
 - PLATT projected additional physician for 08 and not 06
 - Maintained nurse initially cut
 - No effect with regard to staffing

Follow-up from Step 1 Brief

- Fix your MEPRS data. Specifically, ensure you code staff as “staff” and residents/fellows as GME.
- Answer
 - MEPRS data was a mess
 - Updated Data to reflect current staff
 - 7 fellows, 3 technicians, 2 nurses deleted
 - Updated AFSC’s
 - 4 staff with fellow AFSC’s
 - Revamping templates – Capture Oct data

Revamping of Templates

- Old templates
 - Staff, Fellow, Military/Contract Nurse, technician templates (5)
- New templates
 - Physicians – reflect who is actually here
 - Five staff templates/ Eight fellows templates
 - Army only report time worked in clinic
 - Nurses/technicians
 - Military/Contract nurse template
 - Technician Template
 - Monthly updates
 - TDY, deployments, con leave, call, special situations
 - Monitor website

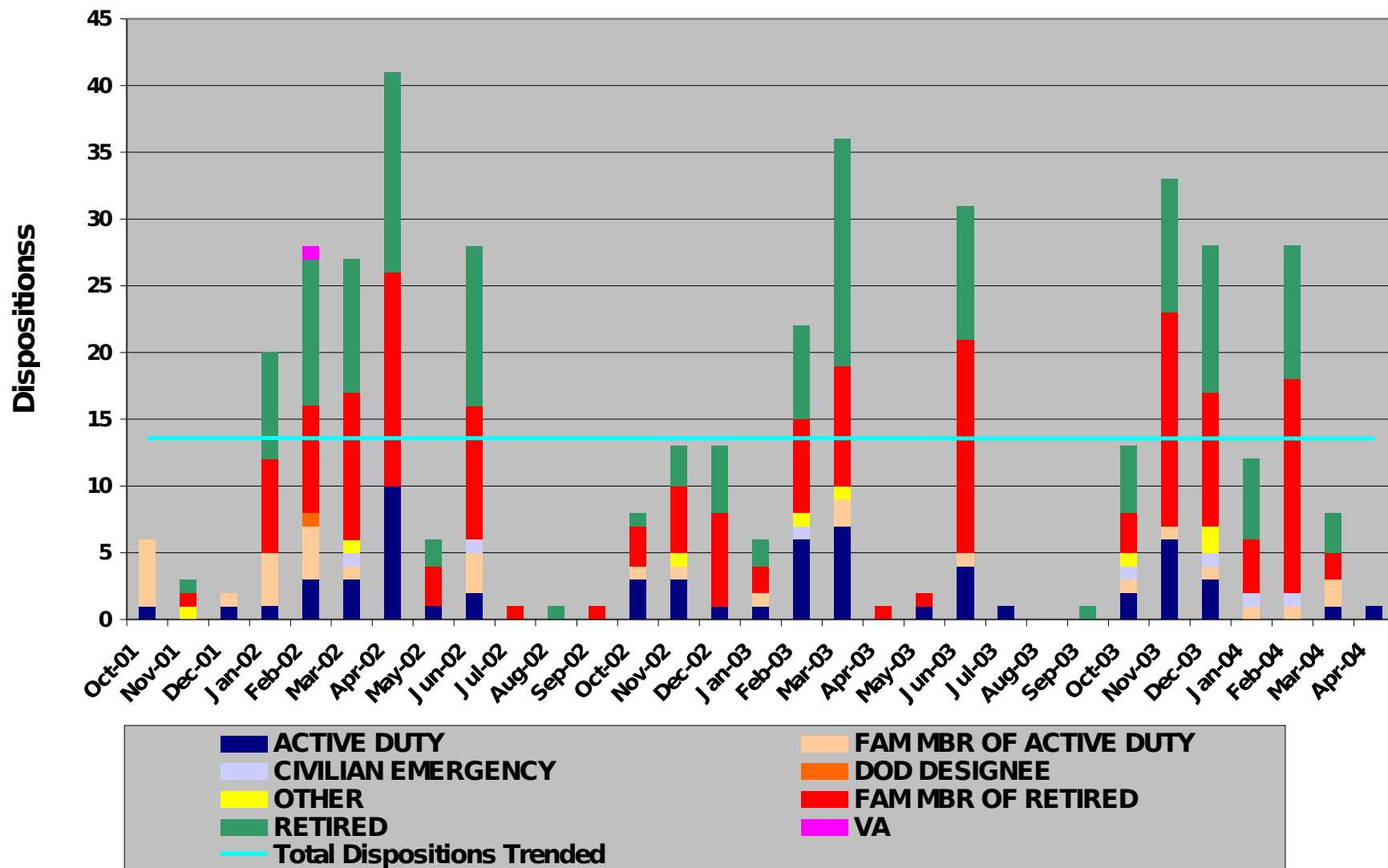


Follow-up from Step 1 Brief

59 MDW asked you to provide information and f/u on the following issues

- Contact 59 MDSS and the inpatient coder; ensure the dispositions are coded correctly based on disposition and not as gastro just because the attending is a 44M3D.
- Answer:
 - MEPRS assigned at admissions correctly
 - MEPRS changed during coding process
 - Mrs. Briggs aware – correction made 18 Oct
 - Quarterly audit to ensure correction implemented

WHMC Gastroenterology Dispositions Trended FY02 to FY04



Follow-up from Step 1 Brief

59 MDW asked you to provide information and f/u on the following issues

- Work with the outpatient coder auditor to ensure you are getting credit for fellow workload
 - Outpatient coders credit all billable workload staff providers
 - Unaware to give all workload to staff providers
 - Correction effective 18 Oct 04
 - Monitor monthly to ensure fix in place

Follow-up from Step 1 Brief

59 MDW asked you to provide information and f/u on the following issues

- Ask Ms. Lesvia Millican to “re-audit” your CPT rates to show improvement.
- Answer
 - Repeat Audit BAGA and BAG5
 - 51 encounters
 - 21 Procedures all in BAG5
 - 5/21 (23.81%) correct CPT
 - Unbinding by the coder
 - Repeat audit 10 Nov 04

CPT CODING IN GI CLINIC

Wilkoff Hall Medical Center Dept. of Gastroenterology 2201 Bequest Drive STE 1 Lockland A/B, TX 78296 Contact: (210) 252-5471 Fax: (210) 252-7950		EGD REPORT		Patient Name: Patterson, James L. Exam Date: 10/13/2004 Last FMP/SSN 20229258301 DOB: 9/3/1966 Page 1 of 1	
Procedure	Procedures: Panendoscopy (EGD) CPT: 43235 with esophageal dilation. CPT: 43248.				
Personnel	The attending physician was present during the entire procedure. Endoscopist: Todd Dantzier, MD. Nurse: Barbara Morales, RN. Assistant: Ebony Minor, SRA. Fellow: Nicole Palekar, M.D.				
Exam Location	Exam performed in Endoscopy Suite, Outpatient				
Patient Consent	Procedure, Alternatives, Risks and Benefits discussed, consent obtained, from patient. Consent was obtained by the physician. Final time out confirming the patients name, social security number, and planned procedure was done prior to starting the exam. Review of pre-procedure assessment of WH Form 3140A was done by the physician. Operating provider verified that all necessary equipment was available prior to procedure. Consent to be contacted was not requested.				
Indications	Abnormal Exams, Studies: CT scan, abnormal, do not suspect malignancy.				
Symptoms	Dysphagia.				
History Current Medications	Patient is not currently taking Coumadin.				
Pre-Exam Physical	Performed Oct 13, 2004 Cardio-pulmonary exam, Abdominal exam, Mental status exam WNL.				
Exam	Exam Info: Maximum depth of insertion Duodenum, intended Duodenum. Vocal cords visualized. Gastric retroflexion performed. ASA Classification: II. Tolerance: good.				
Sedation Meds	Patient assessed and found to be appropriate for moderate (conscious) sedation. Sedation was managed by the Endoscopist. The patient was not intubated. Fentanyl 100 mcg given IV. Midazolam 4 mg given IV. Cetacaine Spray 1 sprays given aerosolized.				
Monitoring	BP and pulse monitoring done. Oximetry used.				
Fluoroscopy	Fluoroscopy was not used.				
Dilation	Distal Esophagus. Savary dilator used. Minimal Resistance. Minimal Heme present on extraction. 1 total dilators used. Patient tolerance excellent. Comments: 54 French.				
Hiatal Hernia	Comments: small.				
POLYP	in Distal Esophagus. Maximum size: 6 mm. Procedure: biopsy without cautery, removed, Polyp retrieved, sent to pathology.				
Assessment	Abnormal examination, see findings above.				
Events	Unplanned Intervention: No unplanned interventions were required.				
Unplanned Events	There were no complications.				
Plans	Medication(s): Await pathology.				
Disposition	After procedure patient sent to recovery. After recovery patient sent home.				
Endoscopist	Todd Dantzier, MD		Fellow	Nicole Palekar, M.D.	
Patterson, James L	20229258301	EGD	11:11:00 AM	10/13/2004	

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Follow-up from Step 1 Brief (con't)

59 MDW asked you to provide information and f/u on the following issues

- Review the CHCS template extract and find out why CHCS isn't correctly reflecting the number of visits and procedures
- Answer
 - End of day processing not done in all sections
 - Monitor for trends
 - Review appointment utilization – adjust templates as necessary
 - BAGA Sept 04 - No show rate 38/408 (8.5%)
 - Change appointment reminder phone message
 - BAG5 Sept 04 – No show rate 0/307

Follow-up from Step 1 Brief (con't)

59 MDW asked you to provide information and f/u on the following issues

- Ensure you include your coder in feedback sessions and work closely with him/her.
 - Auditor to meet with Staff/residents 10 Nov
 - Monitor Coding compliance on website
 - Quarterly have coder visit work center
 - Sooner if problems noted requiring attention
 - Centralized record turn in for section
 - 1 pickup location for records

Initial Clinic Business Rules

- What kinds of patients, what priority of care, procedures for working in same-day, or special patients, access, etc.
- We currently see
 - Active Duty and Dependents
 - Tricare Prime
 - GME requirement
 - Tricare Plus, Tricare Standard

Areas of Concern

Current/Future Problem Areas

Support Requirements

- Manning
 - No Secretarial support – Out since March 2004
 - Over hire package in place
 - Long term contract for conscious sedation nurses (4)
 - Deployments
 - Technician turnover – 5/9 Dec 04
 - Long start up time to become proficient
 - Pulled for military requirements
 - No shred out AFSC
 - Consideration to hire 1-2 civilians for stability

Areas of Concern

Current/Future Problem Areas

Support Requirements

- Space
 - GRU location in relation to unit
 - Move to new location planned for 2005?
 - Ward 2B – Same day surgery
 - Adequate Office space for physicians not in the master blueprint
 - Update fluoroscopy room if not moving soon
- Coding
 - Generalized coders not aware of nuances of each specialty
 - Hire specialty coders

Areas of Concern

Current/Future Problem Areas

Support Requirements

- Budget/Supplies
 - Mannometry Catheter for ERCP
 - Increase numbers for GME requirement